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Research report

Cyclothymic temperament as a prospective predictor of bipolarity and suicidality in children and adolescents with major depressive disorder

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Abstract

Introduction: Although several recent studies suggest that bipolar disorder most commonly begins during childhood or adolescence, the illness still remains under-recognized and under-diagnosed in this age group. As part of the French Bipolar network and in line with the hypothesis that juvenile depression is pre-bipolar (Akiskal, 1993), we evaluated the rate of onset of bipolar disorders in a naturalistic 2-year prospective study of consecutive, clinically depressed children and adolescents, and to test whether the cyclothymic temperament underlies such onset. **Methods:** Complete information was obtained from both parents and patients in 80 of 109 depressed children and adolescents assessed with Kiddie-SADS semi-structured interview, according to DSM IV criteria. They were also assessed with a new questionnaire on cyclothymic-hypersensitive temperament (CHT) from the TEMPS-A cyclothymic scale adapted for children (provided in Appendix A), and other assessment tools including the Child Depression Inventory (CDI), Young Mania Rating Scale, Clinical Global Assessment Scale (CGAS), and Overt Aggressive Scale (OAS). **Results:** Of the 80 subjects, 35 (43%) could be diagnosed as bipolar at the end of the prospective follow-up. This outcome was significantly more common in those with cyclothymic temperament measured at baseline. Most of these patients were suffering from a special form of bipolar disorder, characterized by rapid mood shifts with associated conduct disorders (CD), aggressiveness, psychotic symptoms and suicidality. **Limitation:** The primary investigator, who took care of the patients clinically, was not blind to the clinical and psychometric data collected. Since all information was collected in a systematic fashion, the likelihood of biasing the results was minimal. **Conclusion:** We submit that the CHT in depressed children and adolescents heralds bipolar transformation. Unlike hypomanic or manic symptoms, which are often difficult to establish in young patients examined in cross-section or by history, cyclothymic traits

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are detectable in childhood. Our data underscore the need for greater effort to standardize the diagnosis and treatment of pre-bipolar depressions in juvenile patients.

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1. Introduction

Close examination of children and adolescents with signs of depression and heterogeneous presentation of symptoms, such as conduct disorders (CD), aggressiveness, has shown that a significant number of young patients fulfils clinical criteria for bipolar illness (Akiskal et al., 1985). Such studies have either derived from careful diagnostic assessment of offspring of bipolar adults, or they have revealed loaded familial bipolar loading (Biederman et al., 2000; Duffy et al., 2002; Weller et al., 1986).

However, the existence of bipolar disorders among children and adolescents is not entirely free of controversy, especially in Europe. In France, a child or an adolescent is almost never diagnosed as suffering from bipolar disorder. Even in the United States, this illness is still under-recognized and misdiagnosed in this age group (Carlsson et al., 1994). In France and elsewhere, where the psychoanalytic approach to juvenile subjects is dominant, mood-labile patients with depression are likely to be assigned to borderline personality, curiously largely based on studies in the US (Brent et al., 1988; Donovan et al., 2000), thereby obscuring the cyclothymic (bipolar) nature of the affective pathology.

However, the crucial role played by adolescence in initiating the bipolar disease process was already established by Kraepelin (1921). There is mounting evidence that recurrent early onset mood disorders, once considered as developmental and transient symptoms are in fact severe and life-threatening bipolar disorders (Geller and Luby, 1997).

It was once believed that young patients were unable to experience the clinical symptoms of mania, until studies of bipolar adults indicated that 20–40% report that their onset was during childhood or adolescence (Joyce, 1984; Lish et al., 1994). Many recent reports support the fact that the prevalence of early-onset bipolar disorder is not negligible and may be

increasing (Geller and Luby, 1997). In particular, the high prevalence of bipolarity has been observed in pediopsychiatric inpatient services (Gammon et al., 1983; Isaac, 1995).

The term of “temperament” refers to an ancient European concept that is, unfortunately, not part of our official nosology today. The study of temperamental attributes is of great current interest because they could be dispositions to illness, but could be quite adaptive otherwise (Akiskal, 1996). It is likely that the dysregulation underlying mood disorders is first manifest in the behavioral phenotype of the temperaments (Akiskal, 1996). Temperamental traits are now believed to be strongly determined by genetic factors (Bouchard, 1994). We consider temperament, as the outcome of biologically determined affective or neurotic traits of the individual, which will be influenced by environmental experiences (especially mother–child interactions).

Cyclothymic children and adolescents are characterized by high mood-lability and emotional overactivity, as well as impulsive–aggressive emotionally erratic behaviors, hypersensitivity (Akiskal, 1995). Recently, we built a child and adolescent French modification of Akiskal’s cyclothymic temperament questionnaire (Hantouche et al., 2001). The Cyclothymia Subscale Scale of the TEMPS-A is now validated in both French (Akiskal et al., 2005a, this issue) and in its English version (Akiskal et al., 2005b, this issue). The main objectives of the present 2–4-year naturalistic, prospective follow-up study were to assess the impact of such a cyclothymic-hypersensitive temperament (CHT) in the natural course of MDD in children and adolescent and their risk for developing a bipolar disorder. Based on the theoretical framework of Akiskal (1995), we specifically hypothesized that depressed juveniles with such a temperament will be at particularly high risk for developing a bipolar disorder.

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